

John Delect

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: Φ-106
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW 41242
Driller: JOHN NEWCOME 0-773
Date drilling completed: 6-16-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>MARY H. McCOLEMAN</u>	<u>LEROY PLANTATION</u>	Latitude: <u>33° 10' 49"</u>	Longitude: <u>90° 54' 34"</u>
Mailing Address: <u>HOLLANDALE ST.</u> <u>1149 AVON-DARLOWE RD.</u> <u>HOLLANDALE 38748</u> <u>SENIATORIA, MS. 38668</u>	City: <u>SENIATORIA</u> State: <u>MS</u> Zip Code: <u>38668</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS	
Telephone No.: <u>662-382-8218</u>		USGS quad: <u>NW 1/4 SW 1/4 Sec 3</u>	Town: <u>15N</u> Rng: <u>7W</u>
		Distance: <u>10</u> Miles	Direction: <u>EAST</u> of <u>AVON</u>
			<u>3</u> MILES WEST OF HOLLANDALE

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-16-06 Date well drilling completed: 6-16-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 23 feet above of below (circle one) land surface Date measured: 6-16-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 113 Well depth: 112 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 34 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78 feet to 112 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

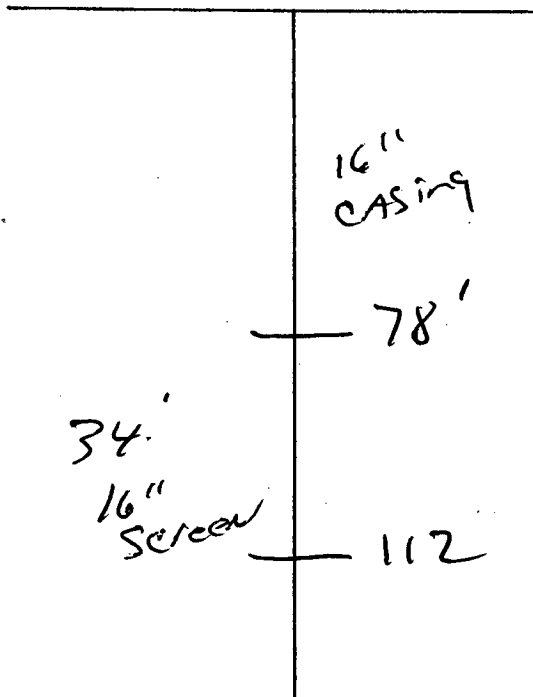
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BY: OLWR

If well telescopes please sketch below and show depths.

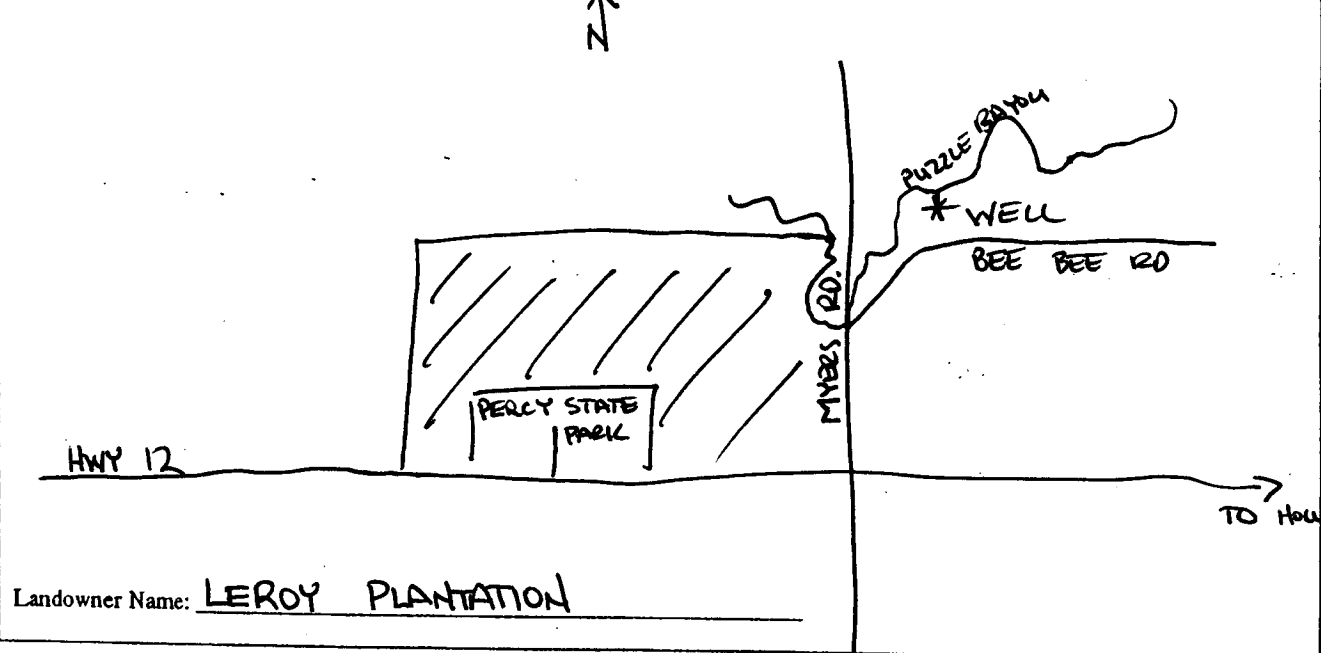
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Gray CLAY	10	20
Fine Sand	20	78
COARSE Sand	78	112
Gray clay	112	113

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



[Handwritten Signature]

 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: Ø 106

Elevation: _____

County: WASHINGTON
 Permit #: GW 41242
 Driller: JOHN NEWCOMB 773
 Date completed: 6-16-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>LEROY PLANTATION</u>	Latitude: <u>33-10-49</u> Longitude: <u>090-54-34</u>
Mailing Address: <u>1169 AVON-PARLOVE RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>HOLLANDALE, MS. 38748</u> City State Zip Code	USGS quad, <u>NW 1/4 SW 1/4 Sec 3 Twn 15N Rng 7W</u>
Telephone No: <u>662-335-6197</u>	Distance Direction Nearest Town <u>10 Miles EAST of AVON</u> <u>3 MILES WEST OF HOLLANDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: _____	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1 stage 14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TESTED</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROUSE # 710-P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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